

State of Tennessee



Department of State

Charitable Solicitations
312 Eighth Avenue North
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243-0308
(615) 741-2555

STATE CHARITABLE REGISTRATION
CONTRACT ADDENDUM
(Vendors)

Vendor's Name: _____

Address: _____

Number of Vending Devices: _____

Name and Address of Charitable Organization:

Name

Address (Include street, city, state and zip code)

Amount of fixed monthly payment per display or percentage of funds paid to Charitable Organization: _____.

Duration of contract: From _____ to _____

Does Vendor indemnify charitable organization against any losses? Yes ☐ No ☐

If yes, state specifics: _____

Authorized Officer of Charitable
Organization

Date

Vendor

Date